

SUPPLEMENTAL APPLICATION

- Name of applicant or insured: _____
- Please provide a breakdown of operations, total must equal 100%:

OCCUPATION	PERCENTAGE OF GROSS INCOME	NUMBER OF TRANSACTIONS
Customs broker	%	
Independent ocean freight forwarder (FMC)	%	
CAB forwarder	%	
NVOCC	%	
Charter agent/broker	%	
Steamship agent	%	
Stevedore	%	
Warehousing	%	
IATA agent	%	
Consolidation/breakbulk agent	%	
Property broker	%	
Cartage	%	
Breakbulk agent:	%	
Other (please describe): _____	%	

- Revenue and shipment information:

	CURRENT YEAR	NEXT YEAR (ESTIMATED)
Revenue (total gross billed to shippers)	\$ _____	\$ _____
Number of loads	_____	_____
Territory served	<input type="checkbox"/> US <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input checked="" type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> US <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input checked="" type="checkbox"/> Other (specify): _____ _____
% of Shipments outside of the USA?	_____	_____

- Please provide:
 - Average value of shipments: \$ _____
 - Highest value of any one shipment: \$ _____



5. Is the applicant affiliated with any specific trucking entity/entities? ☐ Yes ☐ No
If "Yes," please identify the trucking operation:
a. Name: _____
b. Address: _____
c. Website: _____
6. Does the applicant ever broker loads to a trucking company affiliated with its brokerage? If "Yes," what percent of revenue was brokered to the affiliated carriers? _____% ☐ Yes ☐ No
7. Does the applicant have other affiliated entities involved in freight forwarding, distribution, manufacturing or warehouse? ☐ Yes ☐ No
If "Yes," please identify the affiliate(s): _____
8. Please provide a full description of commodities brokered (Be specific. "general commodities" or "freight-all-kinds" are vague and not acceptable.) _____

9. Does the applicant broker flatbed freight? ☐ Yes ☐ No
10. Does the applicant broker temperature-controlled freight? ☐ Yes ☐ No
11. Does the applicant broker food products or any perishable goods? ☐ Yes ☐ No
12. Does the applicant broker hazardous freight? ☐ Yes ☐ No
13. Does the applicant broker the commodities of coal, chemicals, LPG, explosives, flammables, medical, toxic or hazardous materials? ☐ Yes ☐ No
14. Does the applicant broker any freight that is either owned by its brokerage or an affiliated entity? ☐ Yes ☐ No
If "Yes," who owns the cargo and how is the applicant legally liable? _____

15. Does the applicant broker any freight by air, sea or rail? ☐ Yes ☐ No
If "Yes," specify: Air _____% Sea _____% Rail _____%
16. Does the applicant require a written broker carrier agreement with all carriers before they are able to haul, without exception? ☐ Yes ☐ No
17. Does the applicant's broker carrier agreement require the carrier to haul under their own authority? ☐ Yes ☐ No
18. Does the applicant's broker carrier agreement mandate that no double brokering is allowed? ☐ Yes ☐ No
19. Does the applicant's broker carrier agreement require full indemnification from the carrier for loss, irrespective of whether there is insurance in place to pay that loss? ☐ Yes ☐ No



20. Does the applicant's broker carrier agreement require the carrier to have the bill of lading in the carrier's name as required by DOT and not in the broker's name? ☐ Yes ☐ No
21. Does the applicant or the applicant's dispatchers use only authorized or pre-qualified motor carriers? ☐ Yes ☐ No
22. If any answer for questions 16 through 21 is "**No**," is the applicant willing to amend their broker carrier agreement and practice in order to result in an answer of "**Yes**" to all questions and provide us a copy? ☐ Yes ☐ No

SIGNATURE IN FULL: _____ DATE: _____

PRINT NAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____